



InsureKidsNow.gov
Connecting Kids to Coverage

Description of Dental Benefits for Children in Florida

Children's Dental Services

Preventive Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations |
|--|-------------------------|-------------------------------|----|-------------------|---------------------------------------|
| | Yes | Only with prior authorization | No | | |
| Cleanings | X | | | 2 x year | |
| Fluoride treatments (including fluoride varnishes) | X | | | 2 x year | |
| Sealants (list any tooth-specific limits) | X | | | 1 x every 3 years | Permanent teeth only. |
| Space maintainers | X | | | | |



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Diagnostic Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Recommended age of first visit? |
|----------------------------|-------------------------|-------------------------------|----|-------------------|---------------------------------------|---------------------------------|
| | Yes | Only with prior authorization | No | | | |
| Dental examinations | | | | | | |
| | X | | | | | 1 |
| X-Rays | | | | | | |
| Bitewing | X | | | 2 x year | | |
| Full Mouth | X | | | 1 x every 3 years | | |
| Panoramic | X | | | 1 x every 3 years | | |



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Treatment Services

| | Is the service Covered? | | | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-------------------------------|----|-----------|---|-----------------------|
| | Yes | Only with prior authorization | No | | | |
| Fillings | | | | | | |
| Silver amalgam | X | | | | | |
| Tooth colored composite | X | | | | | |
| Crowns/tooth caps | | | | | | |
| Stainless steel crowns | X | | | | | |
| Metal (only) crowns | | | | | | |
| Metal/porcelain crowns | X | | | | Permanent posterior or anterior teeth when the tooth has been treated endodontically and cannot be adequately restored with a stainless steel crown, amalgam, or resin. | |
| Porcelain (only) crowns | X | | | | Permanent anterior teeth when the tooth has been endodontically treated and cannot be adequately restored with resin restoration or resin crown. | |
| Root Canals (endodontics) | | | | | | |
| Root canals on baby teeth (pulpotomies) | X | | | | | |
| Root canals on permanent teeth | X | | | | | |



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| | Yes | Only with prior authorization | No | | | |
| Gum (periodontal) therapy | | | | | | |
| | X | | | | Child must have pockets in excess of the 4 to 5 mm. range | |
| Dentures | | | | | | |
| Partial dentures | X | | | | Partial dentures are not covered if the child has at least 8 posterior teeth in occlusion or for single tooth replacement unless it is a missing anterior tooth. | |
| Complete dentures | X | | | | | |
| Bridges | | X | | | | |
| Orthodontics* | | | | | | |
| Retainers (orthodontic) | | X | | | Comprehensive ortho treatment includes retainers at the end of treatment. Replacement retainers limited to 2 per lifetime. | |



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| | | | | | | |
|--------|--|---|--|--|--|--|
| Braces | | X | | | | Orthodontics limited only to those circumstances where the child's condition creates a disability and is an impairment to the physical development. Monthly maintenance visits are limited to 24 months. Services are not covered for limited or interceptive treatment; primarily cosmetic services; or split phase treatment with the exception of cleft palate cases. |
|--------|--|---|--|--|--|--|



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| | Yes | Only with prior authorization | No | | | |
| Oral surgery | | | | | | |
| Simple extractions | X | | | | | |
| Surgical extractions | X | | | | | |
| Care of abscesses | X | | | | | |
| Cleft palate treatment | X | | | | These services may also fall under medical services. | |
| Cancer treatment | X | | | | These services may also fall under medical services. | |
| Treatment of fractures | X | | | | These services may also fall under medical services where the treatment is due to an accident or injury to the mouth. | |
| Biopsies | X | | | | These services may also fall under medical services. | |
| Treatment of jaw joint problems (TMJ) | | | | | | |
| | | | X | | | |



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| | Yes | Only with prior authorization | No | | | |
| Emergency room services provided by a dentist | | | | | | |
| | X | | | | | d. Identify services: These services may also fall under medical services and be covered through the separate medical services contracts depending on the nature of the injury and services needed |



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| | Yes | Only with prior authorization | No | | | |
| Inpatient Hospital Services | | | | | | |
| | X | | | | | These services may also fall under medical services and be covered through the separate medical services contracts depending on the treatment needed and the nature of the injury |
| Anesthesia | | | | | | |
| General anesthesia | X | | | | | |
| Intravenous conscious sedation | X | | | | | |
| Non-intravenous conscious sedation | X | | | | | |
| Analgesia (nitrous oxide) | X | | | | | |



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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).